



The Sheffield Group

Your Workers' Compensation Specialists

Contractor's Supplemental Application

Business Name: _____

1. Describe the types of work performed by your company: _____

2. How many years have you been in business? _____
If less than three years, describe prior experience in this field: _____

3. Do you or any subcontractors you use do any of the following types of work?
Roofing Yes No Masonry Yes No
Plumbing Yes No Carpentry Yes No
Electrical Yes No Sheet metal Yes No

4. Do you require certificates of insurance from all sub-contractors? Yes No

5. Do you perform any work above 15 feet? Yes No

6. Do you perform any work underground below 3 feet? Yes No
If yes, please describe: _____

7. Who is responsible for overseeing and directing the safety efforts of your company?
(name, title & phone number): _____

8. Does your company have a formal, written safety program? Yes No
If so, are employees required to sign off on this program and a copy placed in their
personnel file? Yes No

9. Do you have a post-accident drug-testing policy? Yes No

10. Does your company investigate accidents to determine ways to prevent
recurrence? Yes No
If yes, who performs such investigations and do they have authority to make
operational changes they deem necessary? _____

11. Are group health benefits provided for your company's employees? Yes No

12. Does your company conduct "tool box" safety meetings? Yes No
If yes, how often? _____ Are they documented? Yes No

13. Percentage of commercial work _____% vs. residential work _____%

14. Will you do work in more than one state? Yes No
If yes, please describe: _____

Signature: _____ Date: _____

"It is a crime to knowingly provide false, incomplete or misleading information to an insurance company for the purpose of defrauding the company. Penalties include imprisonment, fines and denial of insurance benefits."